



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

DEC 18 2009

Susan Dreyfus, Secretary  
Department of Social and Health Services  
Post Office Box 45010  
Olympia, Washington 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number #09-012**

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number #09-012. This amendment provides Medicaid and CHIP coverage for children under age 21 and pregnant women pursuant to section 214 of CHIPRA, who are qualified aliens who would otherwise be subject to a five-year waiting period, and non-qualified aliens who are lawfully residing in the United States to the extent described in this SPA. Previously, these groups could only receive emergency services under Medicaid and were ineligible for CHIP. This change is reflected in Attachment 2.6-A, pages 2, 2a, and 2b.

This SPA is approved effective April 1, 2009.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Maria Garza at (206) 615-2542 or via email at [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "B. K. Richards", is positioned above the typed name.

Barbara K. Richards  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:

Douglas Porter, Assistant Secretary, Health and Recovery Services Administration  
Ann Myers, State Plan Coordinator, Health and Recovery Services Administration

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**09-012**

2. STATE  
Washington

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
April 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 \$ 1.4 Million

b. FFY 2010 \$ 2.8 Million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A page 2 ; <sup>add</sup> 2a, 2b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 2.6-A page 2

10. SUBJECT OF AMENDMENT:

Remove 5 Year Bar

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Stan Marshburn

14. TITLE:

Interim Secretary

15. DATE SUBMITTED:

May 11, 2009

16. RETURN TO:

Ann Myers

Department of Social and Health Services

Health and Recovery Services Administration

626 8<sup>th</sup> Ave SE MS: 45504

Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAY 11 2009

18. DATE APPROVED:

DEC 18 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Barbara K. Richards

22. TITLE:

Associate Regional Administrator

Division of Medicaid &

Children's Health

23. REMARKS:

12/01/09 - State authorized PFI changes

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

## ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act section	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.406	3. Is residing in the United States and— <ul style="list-style-type: none"> <li>a. Is a citizen or national of the United States;</li> <li>b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;</li> <li>c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;</li> <li>d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;</li> <li>e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.               <ul style="list-style-type: none"> <li><u>  X  </u> State covers all authorized QAs.</li> <li><u>     </u> State does not cover authorized QAs.</li> </ul> </li> <li>f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States including the following:               <ul style="list-style-type: none"> <li>(1) A "Qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;</li> </ul> </li> </ul>

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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- (2) A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;
  - (3) An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include:
    - (a) An individual currently in temporary resident status as an Amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA);
    - (b) An individual currently under Temporary Protected Status pursuant to section 244 of the INA;
    - (c) A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554;
    - (d) An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and
    - (e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

- (4) An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA:
- A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(145)(N) of the INA;
  - A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA;
  - A religious worker under section 101(a)(15)(R);
  - An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(U) (see also section 431 as amended by PRWORA); and
  - An individual with a petition pending for 3 years or more, as permitted under section 101(a)(15)(V) of the INA.
- X Elected for pregnant women.  
X Elected for children under age 21.

- g. \_\_\_\_\_ The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.